

Name



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINEETHICS COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

**LEGISLATOR INFORMATION** 

Name C		Office:
Gary E Plum		☐ House ☐ Senate
Mailing address		District (1)
248 Gray Rose		The second secon
City, zip code		Phone
Windham, Marne	04062	891-6088
PART 1. INCOME DERI	IVED FROM EMPLOYMENT BY ANOT	THER
List the name and address of each employer from whon economic activity of each employer.	n you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
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The College		
	DERIVED FROM SELF-EMPLOYMENT	
	ators who are self-employed.)	
A. List the name and address of your business, if any, a associated with a partnership, firm, professional associat entity.	nd list the major areas of economic activity tion, or similar business entity, list the major	from which you derived income. If or areas of economic activity of that
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar business entity)
Name:		engeneralemente mente en
Address:		de d
Name:	CONTRACTOR	
Äddress:		B. Allandon A. A. A. A. A.
•		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY  (For Legislators who are self-employed.)	YMENT	
B. List each source of income derived from self-employment that represents more than 10% of your greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of person from whom the income was derived.	derived such income.	. If this form of
Name and Address of Source	Principal Type Activity of Entity or the Source of	r Person Who is
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Address:		in Kannera and Reventing Servah and a Palantera and a Revention and animals.
Name:		
Address:		
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)		
List your major areas of practice. If associated with a law firm, list the major areas of practice of your fi	Smith the like And Source of Asia and Asia Salva is the S	nina kalibania Noroni si wa lingilia la Harimati NNS shilika Nasingiliy il singilar
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Address:	in see Andreas	
PART 4. OTHER SOURCES OF INCOME		
PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of	gifts. If none, check th	ne box.
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of	gifts. If none, check the Kind of the (investments, leading)	HPV/MAND-HIVPPAR/MERICAPP-adress-free GITTP-dest-arrangement NAME OF THE PROPERTY OF THE PROP
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include a None  Name and Address of Source  Name: Kevin Cobb  Address: 250 Gray Read Windham, Major 04062  Name: Major State Ratirement System	Kind of Ir (investments, I	ocome eases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include a None  Name and Address of Source  Name: Kevin Cobb  Address: 250 Gray Read Windham, Major 04062  Name: Major State Ratirement System	Kind of Ir (investments, I	ocome eases, etc.)
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include go None  Name and Address of Source  Name: Kevin Cebb  Address: 250 Grey Read Windham, Manne 04062  Name: Manue State Retirement System  Address:  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the	Restreed  Reference reporting period, anone, check the box.	teacher
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include of None  Name and Address of Source  Name: Kevin Cebb  Address: 25° Grey Read Windham, Majore 04062  Name: Majore State Retirement System  Address:  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no	Kind of Ir (investments, I	teacher  d list the major  of Economic
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include a Name: Kevin Cabb  Name: Kevin Cabb  Address: 250 Gray Road Windham, Maine 04062  Name: Maine State Ratirement System  Address:  PART 5. REPORTABLE LIABILITIES  List the names of creditors for any unsecured loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no None  Name and Address of Creditor	Retired  Reporting period, and one, check the box.	teacher  d list the major  of Economic
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PART 6	S. REPORTABLE GII	FTS	
List the specific source of each gift of more than \$300. Including none, check the box.	lude gifts with an aggre	egate value of more than \$300	) from a single source. If
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List the source of any honoraria accepted for appearances or  None	r speeches related to yo	our legislative responsibilities.	If none, check the box.
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PART 8. REPRESENT	TATION BEFORE S	TATE AGENCIES	
List each executive branch agency before which you represe box.	ented or assisted other	s for compensation of any am	ount. If none, check the
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Name of Agency		Name of Agency	
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List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate fa	amily sold goods or services v	with a value in excess of
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Name of Agency	Emphysiophe Chipadillockers Line Children (Chipadillockers) (Chipa	Name of Agency	
1.	3.	ada Santa and a market specific framework for the specific specifi	
2.	4.		
PART 10. INCOME RECEIVE	ED BY MEMBERS O	F IMMEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	d of income represented	more received by your spouse it. If your spouse or domestic	e or domestic partner or partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Act Representing Source Income Received	e of Relationship I	Kind of Income
Name: Nose	1.	Spouse or 1.	ST matter and the second secon
Job Title:	<ol> <li>3.</li> </ol>	Domestic 2. Partner 3.	
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent	адилительная возвется на проводення на проводення на проводення на проводення на проводення на проводення на п При применення на проводення на проводення на проводення на проводення на проводення на проводення на проводен
activity and the kind of income.		Child Dependent	
	F	Child	

	ICER OR DIRECTOR		mbor of your imma-	diata familio b
List any for-profit or nonprofit corporation, firm, association, any office, trusteeship, directorship, or position of any nature was compensated. If a family member listed, indicate your r	e. Indicate whether you o	or a family held the p	osition and whethe	r the position
None None	TOTAL TO THE TELES		JC! ,	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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